
NEWBORN CARE

FIELD ASSESSMENT/TREATMENT INDICATIONS

Field delivery with or without complications

BLS INTERVENTIONS

1. When head is delivered, suction mouth then the nose, and check to see that cord is not around baby's neck.
2. Dry infant and provide warm environment. Prevent heat loss (remove wet towel)
3. Place baby in supine position at or near the level of the mother's vagina. After pulsation of cord has ceased double clamp cord at approximately 7" and 10" from baby and cut between clamps.
4. Maintain airway, suction mouth and nose
5. Provide tactile stimulation to facilitate respiratory effort
6. Assess breathing if respirations <20 or gasping, provide tactile stimulation, and assisted ventilation if indicated
7. Circulation
 - a. Heart Rate <100 ventilate BVM with 100% O₂ for 30 seconds and reassess. Repeat if HR remains <100
 - b. Heart Rate <60 begin chest compressions (rate 120 times/min) and provide BVM ventilation at a rate of 40-60 breaths/min with 100% O₂, reassess.
8. Central cyanosis is present, utilize supplemental O₂ at 10 to 15L/min using oxygen tubing close to infants nose and reassess. If no improvement is noted after 30 seconds assist ventilation with BVM
9. Obtain Apgar scoring at one (1) and five (5) minutes Do not use Apgar to determine need to resuscitate

APGAR SCORE

SIGN	0	1	2
Heart Rate	Absent	< 100/minute	> 100/minute
Respirations	Absent	<20/irregular	>20/crying
Muscle Tone	Limp	Some Flexion	Active Motion
Reflex Irritability	No Response	Grimace	Cough or Sneeze
Color	Blue or pale	Blue Extremities	Completely Pink

ALS INTERVENTIONS

1. Obtain vascular access via IV/IO if indicated
2. Consider advanced airway per Protocol Reference #4011 if BVM is ineffective or tracheal suctioning is required Reassess placement after every intervention
3. Epinephrine 0.01mg/kg IV/IO (1:10,000) or 0.1mg/kg ET (1:1,000) if Heart Rate <60 after one (1) minute
4. Place Orogastic tube if positive pressure ventilation is used >2 minutes
5. Obtain Blood Glucose by heel stick, if <40 give D25 0.5gms/kg IV

6. Contact Base Hospital if hypovolemia is suspected. Base Hospital may order 10-20ml/kg IV NS over 5 minutes. If unable to contact Base Hospital and transport time is extended give 10ml/kg IV NS over 5 minutes, may repeat.
7. For persistent hypotension despite adequate ventilation and fluid resuscitation, Base Hospital may order Epinephrine 0.005mg/kg (1:10,000) IV/IO every 10 minutes. If unable to contact Base Hospital and transport time is extended give indicated dosage and contact Base Hospital as soon as possible